

105TH CONGRESS  
2D SESSION**S. 2583**

To provide disadvantaged children with access to dental services.

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**IN THE SENATE OF THE UNITED STATES**

**OCTOBER 8** (legislative day, OCTOBER 2), 1998

Mr. BINGAMAN (for himself and Mr. COCHRAN) introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

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**A BILL**

To provide disadvantaged children with access to dental services.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Children’s Dental Health Improvement Act of 1998”.

6 (b) TABLE OF CONTENTS.—The table of contents for  
7 this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Findings.

**TITLE I—EXPANDED OPPORTUNITIES FOR TRAINING PEDIATRIC  
DENTAL HEALTH CARE PROVIDERS**

Sec. 101. Children’s dental health training and demonstration programs.

- Sec. 102. Increase in National Health Service Corps dental training positions.
- Sec. 103. Maternal and child health centers for leadership in pediatric dentistry education.
- Sec. 104. Dental officer multiyear retention bonus for the Indian Health Service.
- Sec. 105. Medicare payments to approved nonhospital dentistry residency training programs; permanent dental exemption from voluntary residency reduction programs.
- Sec. 106. Dental health professional shortage areas.

#### TITLE II—ENSURING DELIVERY OF PEDIATRIC DENTAL SERVICES UNDER THE MEDICAID AND SCHIP PROGRAMS

- Sec. 201. Increased FMAP and fee schedule for dental services provided to children under the medicaid program.
- Sec. 202. Required minimum medicaid expenditures for dental health services.
- Sec. 203. Requirement to verify sufficient numbers of participating dentists under the medicaid program.
- Sec. 204. Inclusion of recommended age for first dental visit in definition of EPSDT services.
- Sec. 205. Approval of final regulations implementing changes to EPSDT services.
- Sec. 206. Use of SCHIP funds to treat children with special dental health needs.
- Sec. 207. Grants to supplement fees for the treatment of children with special dental health needs.
- Sec. 208. Demonstration projects to increase access to pediatric dental services in underserved areas.

#### TITLE III—PEDIATRIC DENTAL RESEARCH

- Sec. 301. Identification of interventions that reduce transmission of dental diseases in high risk populations; development of approaches for pediatric dental assessment.
- Sec. 302. Agency for Health Care Policy and Research.
- Sec. 303. Consensus development conference.

#### TITLE IV—SURVEILLANCE AND ACCOUNTABILITY

- Sec. 401. CDC reports.
- Sec. 402. Reporting requirements under the medicaid program.
- Sec. 403. Administration on Children, Youth, and Families.

#### TITLE V—MISCELLANEOUS

- Sec. 501. Effective date.

### 1 SEC. 2. FINDINGS.

#### 2 Congress makes the following findings:

- 3 (1) Children's oral health impacts upon and re-
- 4 flects children's general health.

1           (2) Tooth decay is the most prevalent prevent-  
2           able chronic disease of childhood and only the com-  
3           mon cold, the flu, and otitis media occur more often  
4           among young children.

5           (3) Despite the design of the medicaid program  
6           to reach children and ensure access to routine dental  
7           care, in 1996, the Inspector General of the Depart-  
8           ment of Health and Human Services reported that  
9           only 18 percent of children eligible for medicaid re-  
10          ceived even a single preventive dental service.

11          (4) The United States is facing a major dental  
12          health care crisis that primarily affects the poor chil-  
13          dren of our country, with 80 percent of all dental  
14          caries in children found in the 20 percent of the  
15          population.

16          (5) Low income children eligible for the medic-  
17          aid program and the State children's health insur-  
18          ance program experience disproportionately high lev-  
19          els of oral disease.

20          (6) The United States is not training enough  
21          pediatric dental health care providers to meet the in-  
22          creasing need for pediatric dental services.

23          (7) The United States needs to increase access  
24          to health promotion and disease prevention activities

1 in the area of oral health for children by increasing  
2 access to pediatric dental health providers.

3 **TITLE I—EXPANDED OPPORTU-**  
4 **NITIES FOR TRAINING PEDI-**  
5 **ATRIC DENTAL HEALTH CARE**  
6 **PROVIDERS**

7 **SEC. 101. CHILDREN'S DENTAL HEALTH TRAINING AND**  
8 **DEMONSTRATION PROGRAMS.**

9 Part E of title VII of the Public Health Service Act  
10 (42 U.S.C. 294o et seq.) is amended by adding at the end  
11 the following:

12 **"SEC. 779. CHILDREN'S DENTAL HEALTH PROGRAMS.**

13 **"(a) TRAINING PROGRAM.—**

14 **"(1) IN GENERAL.—**The Secretary, acting  
15 through the Bureau of Health Professions, shall de-  
16 velop training materials to be used by health profes-  
17 sionals to promote oral health through health edu-  
18 cation.

19 **"(2) DESIGN.—**The materials developed under  
20 paragraph (1) shall be designed to enable health  
21 care professionals to—

22 **"(A)** provide information to individuals  
23 concerning the importance of oral health;

24 **"(B)** recognize oral disease in individuals;  
25 and

1                   “(C) make appropriate referrals of individ-  
2                   uals for dental treatment.

3                   “(3) DISTRIBUTION.—The materials developed  
4                   under paragraph (1) shall be distributed to—

5                   “(A) accredited schools of the health  
6                   sciences (including schools for physician assist-  
7                   ants, schools of medicine, osteopathic medicine,  
8                   dental hygiene, public health, nursing, phar-  
9                   macy, and dentistry), and public or private in-  
10                  stitutions accredited for the provision of grad-  
11                  uate or specialized training programs in all as-  
12                  pects of health; and

13                  “(B) health professionals and community-  
14                  based health care workers.

15                  “(b) DEMONSTRATION PROGRAM.—

16                  “(1) IN GENERAL.—The Secretary shall make  
17                  grants to schools that train pediatric dental health  
18                  providers to meet the costs of projects—

19                  “(A) to plan and develop new training pro-  
20                  grams and to maintain or improve existing  
21                  training programs in providing dental health  
22                  services to children; and

23                  “(B) to assist dental health providers in  
24                  managing complex dental problems in children.

25                  “(2) ADMINISTRATION.—

1           “(A) AMOUNT.—The amount of any grant  
2           under paragraph (1) shall be determined by the  
3           Secretary.

4           “(B) APPLICATION.—No grant may be  
5           made under paragraph (1) unless an application  
6           therefore is submitted to and approved by the  
7           Secretary. Such an application shall be in such  
8           form, submitted in such manner, and contain  
9           such information, as the Secretary shall by reg-  
10          ulation prescribe.

11          “(C) ELIGIBILITY.—To be eligible for a  
12          grant under subsection (a), the applicant must  
13          demonstrate to the Secretary that it has or will  
14          have available full-time faculty and staff mem-  
15          bers with training and experience in the field of  
16          pediatric dentistry and support from other fac-  
17          ulty and staff members trained in pediatric den-  
18          tistry and other relevant specialties and dis-  
19          ciplines such as dental public health and pediat-  
20          rics, as well as research.

21          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
22          is authorized to be appropriated such sums as may be nec-  
23          essary to carry out this section.”.

1   **SEC. 102. INCREASE IN NATIONAL HEALTH SERVICE CORPS**  
2                   **DENTAL TRAINING POSITIONS.**

3           The Secretary of Health and Human Services shall  
4 increase the number of dental health providers skilled in  
5 treating children who become members of the National  
6 Health Service Corps under subpart II of part D of title  
7 III of the Public Health Service Act (42 U.S.C. 254d et  
8 seq.) so that there are at least 100 additional dentists and  
9 dental hygienists in the Corps by 2000, at least 150 addi-  
10 tional dentists and dental hygienists in the Corps by 2001,  
11 and at least 300 additional dentists and dental hygienists  
12 in the Corps by 2002. The Secretary shall ensure that at  
13 least 20 percent of the dentists in the Corps are pediatric  
14 dentists and that another 20 percent of the dentists in  
15 the Corps have general practice residency training.

16   **SEC. 103. MATERNAL AND CHILD HEALTH CENTERS FOR**  
17                   **LEADERSHIP IN PEDIATRIC DENTISTRY EDU-**  
18                   **CATION.**

19           (a) **EXPANSION OF TRAINING PROGRAMS.**—The Sec-  
20 retary of Health and Human Services shall, through the  
21 Maternal and Child Health Bureau, establish not less than  
22 36 additional training positions annually for pediatric den-  
23 tists at centers of excellence. The Secretary shall ensure  
24 that such training programs are established in geographi-  
25 cally diverse areas.

1 (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
 2 authorized to be appropriated, such sums as may be nec-  
 3 essary to carry out this section.

4 **SEC. 104. DENTAL OFFICER MULTIYEAR RETENTION BONUS**  
 5 **FOR THE INDIAN HEALTH SERVICE.**

6 (a) TERMS AND DEFINITIONS.—In this section:

7 (1) DENTAL OFFICER.—The term “dental offi-  
 8 cer” means an officer of the Indian Health Service  
 9 designated as a dental officer.

10 (2) DIRECTOR.—The term “Director” means  
 11 the Director of the Indian Health Service.

12 (3) CREDITABLE SERVICE.—The term “cred-  
 13 itable service” includes all periods that a dental offi-  
 14 cer spent in graduate dental educational (GDE)  
 15 training programs while not on active duty in the In-  
 16 dian Health Service and all periods of active duty in  
 17 the Indian Health Service as a dental officer.

18 (4) RESIDENCY.—The term “residency” means  
 19 a graduate dental educational (GDE) training pro-  
 20 gram of at least 12 months, excluding general prac-  
 21 tice residency (GPR) or a 12-month advanced edu-  
 22 cation general dentistry (AEGD).

23 (5) SPECIALTY.—The term “specialty” means a  
 24 dental specialty for which there is an Indian Health  
 25 Service specialty code number.



1 (b) REQUIREMENTS FOR BONUS.—

2 (1) IN GENERAL.—An eligible dental officer of  
 3 the Indian Health Service who executes a written  
 4 agreement to remain on active duty for 2, 3, or 4  
 5 years after the completion of any other active duty  
 6 service commitment to the Indian Health Service  
 7 may, upon acceptance of the written agreement by  
 8 the Director, be authorized to receive a dental officer  
 9 multiyear retention bonus under this section. The  
 10 Director may, based on requirements of the Indian  
 11 Health Service, decline to offer such a retention  
 12 bonus to any specialty that is otherwise eligible, or  
 13 to restrict the length of such a retention bonus con-  
 14 tract for a specialty to less than 4 years.

15 (2) LIMITATIONS.—Each annual dental officer  
 16 multiyear retention bonus authorized under this sec-  
 17 tion shall not exceed the following:

18 (A) \$14,000 for a 4-year written agree-  
 19 ment.

20 (B) \$8,000 for a 3-year written agreement.

21 (C) \$4,000 for a 2-year written agreement.

22 (c) ELIGIBILITY.—

23 (1) IN GENERAL.—In order to be eligible to re-  
 24 ceive a dental officer multiyear retention bonus  
 25 under the section, a dental officer shall—

1 (A) be at or below such grade as the Di-  
2 rector shall determine;

3 (B) have at least 8 years of creditable  
4 service, or have completed any active duty serv-  
5 ice commitment of the Indian Health Service  
6 incurred for dental education and training;

7 (C) have completed initial residency train-  
8 ing, or be scheduled to complete initial resi-  
9 dency training before September 30 of the fiscal  
10 year in which the officer enters into a dental of-  
11 ficer multiyear retention bonus written service  
12 agreement under this section; and

13 (D) have a dental specialty in pediatric  
14 dentistry or oral and maxillofacial surgery.

15 (2) EXTENSION TO OTHER OFFICERS.—The Di-  
16 rector may extend the retention bonus to dental offi-  
17 cers other than officers with a dental specialty in pe-  
18 diatric dentistry based on demonstrated need. The  
19 criteria used as the basis for such an extension shall  
20 be equitably determined and consistently applied.

21 (d) TERMINATION OF ENTITLEMENT TO SPECIAL  
22 PAY.—The Director may terminate at any time a dental  
23 officer's multiyear retention bonus contract under this sec-  
24 tion. If such a contract is terminated, the unserved portion  
25 of the retention bonus contract shall be recouped on a pro

1 rata basis. The Director shall establish regulations that  
2 specify the conditions and procedures under which termi-  
3 nation may take place. The regulations and conditions for  
4 termination shall be included in the written service con-  
5 tract for a dental officer multiyear retention bonus under  
6 this section.

7 (e) REFUNDS.—

8 (1) IN GENERAL.—Prorated refunds shall be re-  
9 quired for sums paid under a retention bonus con-  
10 tract under this section if a dental officer who has  
11 received the retention bonus fails to complete the  
12 total period of service specified in the contract, as  
13 conditions and circumstances warrant.

14 (2) DEBT TO UNITED STATES.—An obligation  
15 to reimburse the United States imposed under para-  
16 graph (1) is a debt owed to the United States.

17 (3) NO DISCHARGE IN BANKRUPTCY.—Notwith-  
18 standing any other provision of law, a discharge in  
19 bankruptcy under title 11, United States Code, that  
20 is entered less than 5 years after the termination of  
21 a retention bonus contract under this section does  
22 not discharge the dental officer who signed such a  
23 contract from a debt arising under the contract or  
24 paragraph (1).

1 **SEC. 105. MEDICARE PAYMENTS TO APPROVED NONHOS-**  
 2 **PITAL DENTISTRY RESIDENCY TRAINING**  
 3 **PROGRAMS; PERMANENT DENTAL EXEMP-**  
 4 **TION FROM VOLUNTARY RESIDENCY REDUC-**  
 5 **TION PROGRAMS.**

6 (a) MEDICARE PAYMENTS TO APPROVED NONHOS-  
 7 PITAL DENTISTRY TRAINING PROGRAMS.—Section 1886  
 8 of the Social Security Act (42 U.S.C. 1395ww) is amended  
 9 by adding at the end the following:

10 “(1) PAYMENTS FOR NONHOSPITAL BASED DENTAL  
 11 RESIDENCY TRAINING PROGRAMS.—

12 “(1) IN GENERAL.—Beginning January 1,  
 13 1999, the Secretary shall make payments under this  
 14 paragraph to approved nonhospital based dentistry  
 15 residency training programs providing oral health  
 16 care to children for the direct and indirect expenses  
 17 associated with operating such training programs.

18 “(2) PAYMENT AMOUNT.—

19 “(A) METHODOLOGY.—The Secretary shall  
 20 establish procedures for making payments  
 21 under this subsection.

22 “(B) TOTAL AMOUNT OF PAYMENTS.—In  
 23 making payments to approved non-hospital  
 24 based dentistry residency training programs  
 25 under this subsection, the Secretary shall en-  
 26 sure that the total amount of such payments

will not result in a reduction of payments that would otherwise be made under subsection (h) or (k) to hospitals for dental residency training programs.

“(C) APPROVED PROGRAMS.—The Secretary shall establish procedures for the approval of nonhospital based dentistry residency training programs under this subsection.”.

(b) PERMANENT DENTAL EXEMPTION FROM VOLUNTARY RESIDENCY REDUCTION PROGRAMS.—

(1) IN GENERAL.—Section 1886(h)(6)(C) of the Social Security Act (42 U.S.C. 1395ww(h)(6)(C)) is amended—

(A) by redesignating clauses (i) through (iii) as subclauses (I) through (III), respectively, and indenting such subclauses (as so redesignated) appropriately;

(B) by striking “For purposes” and inserting the following:

“(i) IN GENERAL.—Subject to clause

(ii), for purposes”; and

(C) by adding at the end the following:

“(ii) DEFINITION OF ‘APPROVED MEDICAL RESIDENCY TRAINING PROGRAM’.—In this subparagraph, the term ‘approved

1           medical residency training program' means  
2           only such programs in allopathic or osteo-  
3           pathic medicine.”.

4           (2) APPLICATION TO DEMONSTRATION  
5           PROJECTS AND AUTHORITY.—Section 4626(b)(3) of  
6           the Balanced Budget Act of 1997 (42 U.S.C.  
7           1395ww note) is amended by inserting “in allopathic  
8           or osteopathic medicine” before the period.

9           (c) EFFECTIVE DATE.—

10           (1) SUBSECTION (A).—The amendment made by  
11           subsection (a) takes effect on the date of enactment  
12           of this Act.

13           (2) SUBSECTION (B).—The amendments made  
14           by subsection (b) shall take effect as if included in  
15           the enactment of the Balanced Budget Act of 1997.

16 **SEC. 106. DENTAL HEALTH PROFESSIONAL SHORTAGE**  
17 **AREAS.**

18           (a) DESIGNATION.—Section 332(a) of the Public  
19           Health Service Act (42 U.S.C. 254e(a)) is amended by  
20           adding at the end the following:

21           “(4)(A) In designating health professional shortage  
22           areas under this section, the Secretary may designate cer-  
23           tain areas as dental health professional shortage areas if  
24           the Secretary determines that such areas have a severe  
25           shortage of dental health professionals. The Secretary

1 shall develop, publish and periodically update criteria to  
 2 be used in designating dental health professional shortage  
 3 areas.

4 “(B) For purposes of this title, a dental health pro-  
 5 fessional shortage area shall be considered to be a health  
 6 professional shortage area.”.

7 (b) LOAN REPAYMENT PROGRAM.—Section  
 8 338B(b)(1)(A) of the Public Health Service Act (42  
 9 U.S.C. 254l–1(b)(1)(A)) is amended by inserting “(includ-  
 10 ing dental hygienists)” after “profession”.

11 (c) TECHNICAL AMENDMENT.—Section 331(a)(2) of  
 12 the Public Health Service Act (42 U.S.C. 254d(a)(2)) is  
 13 amended by inserting “(including dental health services)”  
 14 after “services”.

## 15 **TITLE II—ENSURING DELIVERY** 16 **OF PEDIATRIC DENTAL SERV-** 17 **ICES UNDER THE MEDICAID** 18 **AND SCHIP PROGRAMS**

### 19 **SEC. 201. INCREASED FMAP AND FEE SCHEDULE FOR DEN-** 20 **TAL SERVICES PROVIDED TO CHILDREN** 21 **UNDER THE MEDICAID PROGRAM.**

22 (a) INCREASED FMAP.—Section 1903(a)(5) of the  
 23 Social Security Act (42 U.S.C. 1396b(a)(5)) is amended—

24 (1) by striking “equal to 90 per centum” and  
 25 inserting “equal to—

1                   “(A) 90 per centum”;

2                   (2) by inserting “and” after the semicolon; and

3                   (3) by adding at the end the following:

4                   “(B) the greater of the Federal medical as-  
5                   sistance percentage or 75 per centum of the  
6                   sums expended during such quarter which are  
7                   attributable to dental services for children;”.

8           (b) FEE SCHEDULE.—Section 1902(a) of the Social  
9 Security Act (42 U.S.C. 1396a(a)) is amended—

10           (1) in paragraph (65), by striking the period  
11           and inserting “; and”; and

12           (2) by inserting after paragraph (65) the fol-  
13           lowing:

14           “(66) provide for payment under the State plan  
15           for dental services for children at a rate that is de-  
16           signed to create an incentive for providers of such  
17           services to treat children in need of dental services  
18           (but that does not result in a reduction or other ad-  
19           verse impact on the extent to which the State pro-  
20           vides dental services to adults).”.

21 **SEC. 202. REQUIRED MINIMUM MEDICAID EXPENDITURES**  
22 **FOR DENTAL HEALTH SERVICES.**

23           Section 1902(a) of the Social Security Act (42 U.S.C.  
24 1396a(a)), as amended by section 201(b), is amended—



1 (1) in paragraph (65), by striking “and” at the  
2 end;

3 (2) in paragraph (66), by striking the period  
4 and inserting “; and”; and

5 (3) by inserting after paragraph (66) the fol-  
6 lowing:

7 “(67) provide that, beginning with fiscal year  
8 1999—

9 “(A) not less than an amount equal to 7  
10 percent of the total annual expenditures under  
11 the State plan for medical assistance provided  
12 to children will be expended during each fiscal  
13 year for dental services for children (including  
14 the prevention, screening, diagnosis, and treat-  
15 ment of dental conditions); and

16 “(B) the State will not reduce or otherwise  
17 adversely impact the extent to which the State  
18 provides dental services to adults in order to  
19 meet the requirement of subparagraph (A).”.

20 **SEC. 203. REQUIREMENT TO VERIFY SUFFICIENT NUMBERS**  
21 **OF PARTICIPATING DENTISTS UNDER THE**  
22 **MEDICAID PROGRAM.**

23 Section 1902(a) of the Social Security Act (42 U.S.C.  
24 1396a(a)), as amended by section 202, is amended—

1           (1) in paragraph (66), by striking “and” at the  
2       end;

3           (2) in paragraph (67), by striking the period  
4       and inserting “; and”; and

5           (3) by inserting after paragraph (67) the fol-  
6       lowing:

7           “(68) provide that the State will annually verify  
8       that the number of dentists participating under the  
9       State plan—

10           “(A) satisfies the minimum established de-  
11       gree of participation of dentists to the popu-  
12       lation of children in the State, as determined by  
13       the Secretary in accordance with the criteria  
14       used by the Secretary under section 332(a)(4)  
15       of the Public Health Service Act (42 U.S.C.  
16       254e(a)(4)) to designate a dental health profes-  
17       sional shortage area; and

18           “(B) is sufficient to ensure that children  
19       enrolled in the State plan have the same level  
20       of access to dental services as the children re-  
21       siding in the State who are not eligible for med-  
22       ical assistance under the State plan.”.

1   **SEC. 204. INCLUSION OF RECOMMENDED AGE FOR FIRST**  
2                   **DENTAL VISIT IN DEFINITION OF EPSDT**  
3                   **SERVICES.**

4       Section 1905(r)(1)(A)(i) of the Social Security Act  
5 (42 U.S.C. 1396d(r)(1)(A)(i)) is amended by inserting  
6 “and, with respect to dental services under paragraph (3),  
7 in accordance with guidelines for the age of a first dental  
8 visit that are consistent with guidelines of the American  
9 Dental Association, the American Academy of Pediatric  
10 Dentistry, and the Bright Futures program of the Health  
11 Resources and Services Administration of the Department  
12 of Health and Human Services,” after “vaccines,”.

13   **SEC. 205. APPROVAL OF FINAL REGULATIONS IMPLEMENT-**  
14                   **ING CHANGES TO EPSDT SERVICES.**

15       Not later than 30 days after the date of enactment  
16 of this Act, the Secretary of Health and Human Services  
17 shall issue final regulations implementing the proposed  
18 regulations based on section 6403 of the Omnibus Budget  
19 Reconciliation Act of 1989 (Public Law 101-239; 103  
20 Stat. 2262) that were contained in the Federal Register  
21 issued for October 1, 1993.

22   **SEC. 206. USE OF SCHIP FUNDS TO TREAT CHILDREN WITH**  
23                   **SPECIAL DENTAL HEALTH NEEDS.**

24       (a) IN GENERAL.—Section 1905 of the Social Secu-  
25 rity Act (42 U.S.C. 1396d) is amended—

1           (1) in subsection (b), by striking “or subsection  
2           (u)(3)” and inserting “subsection (u)(3), or sub-  
3           section (u)(4)”; and

4           (2) in subsection (u)—

5                 (A) by redesignating paragraph (4) as  
6                 paragraph (5); and

7                 (B) by inserting after paragraph (3) the  
8                 following new paragraph:

9           “(4)(A) For purposes of subsection (b), the expendi-  
10          tures described in this paragraph are expenditures for  
11          medical assistance described in subparagraph (B) for a  
12          low-income child described in subparagraph (C), but only  
13          in the case of such a child who resides in a State described  
14          in subparagraph (D).

15          “(B) For purposes of subparagraph (A), the medical  
16          assistance described in this subparagraph consists of the  
17          following:

18                 “(i) Dental services provided to children with  
19                 special oral health needs, including advanced oral,  
20                 dental, and craniofacial diseases and conditions.

21                 “(ii) Outreach conducted to identify and treat  
22                 children with such special dental health needs.

23          “(C) For purposes of subparagraph (A), a low-income  
24          child described in this subparagraph is a child whose fam-  
25          ily income does not exceed 50 percentage points above the

1 medicaid applicable income level (as defined in section  
2 2110(b)(4)).

3 “(D) A State described in this subparagraph is a  
4 State that, as of August 5, 1997, has under a waiver au-  
5 thorized by the Secretary or under section 1902(r)(2), es-  
6 tablished a medicaid applicable income level (as defined  
7 in section 2110(b)(4)) for children under 19 years of age  
8 residing in the State that is at or above 185 percent of  
9 the poverty line (as defined in section 673(2) of the Com-  
10 munity Services Block Grant Act (42 U.S.C. 9902(2), in-  
11 cluding any revision required by such section for a family  
12 of the size involved).”.

13 (b) EFFECTIVE DATE.—The amendments made by  
14 this section shall take effect as if included in the enact-  
15 ment of section 4911 of the Balanced Budget Act of 1997  
16 (Public Law 105–33; 111 Stat. 570).

17 **SEC. 207. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**  
18 **MENT OF CHILDREN WITH SPECIAL DENTAL**  
19 **HEALTH NEEDS.**

20 Title V of the Social Security Act (42 U.S.C. 701  
21 et seq.) is amended by adding at the end the following:

22 **“SEC. 511. GRANTS TO SUPPLEMENT FEES FOR THE TREAT-**  
23 **MENT OF CHILDREN WITH SPECIAL DENTAL**  
24 **HEALTH NEEDS.**

25 “(a) AUTHORITY TO MAKE GRANTS.—

1           “(1) IN GENERAL.—In addition to any other  
2       payments made under this title to a State, the Sec-  
3       retary shall award grants to States to supplement  
4       payments made under the State programs estab-  
5       lished under titles XIX and XXI for the treatment  
6       of children with special oral health care needs.

7           “(2) DEFINITION OF CHILDREN WITH SPECIAL  
8       ORAL, DENTAL, AND CRANIOFACIAL HEALTH CARE  
9       NEEDS.—In this section the term ‘children with spe-  
10      cial oral health care needs’ means children with ad-  
11      vanced oral, dental and craniofacial conditions or  
12      disorders, and other chronic medical, genetic, and  
13      behavioral disorders with dental manifestations.

14          “(b) APPLICATION OF OTHER PROVISIONS OF  
15      TITLE.—

16           “(1) IN GENERAL.—Except as provided in para-  
17      graph (2), the other provisions of this title shall not  
18      apply to a grant made, or activities of the Secretary,  
19      under this section.

20           “(2) EXCEPTIONS.—The following provisions of  
21      this title shall apply to a grant made under sub-  
22      section (a) to the same extent and in the same man-  
23      ner as such provisions apply to allotments made  
24      under section 502(c):

1           “(A) Section 504(b)(4) (relating to ex-  
2           penditures of funds as a condition of receipt of  
3           Federal funds).

4           “(B) Section 504(b)(6) (relating to prohi-  
5           bition on payments to excluded individuals and  
6           entities).

7           “(C) Section 506 (relating to reports and  
8           audits, but only to the extent determined by the  
9           Secretary to be appropriate for grants made  
10          under this section).

11          “(D) Section 508 (relating to non-  
12          discrimination).

13          “(c) AUTHORIZATION OF APPROPRIATIONS.—There  
14 is authorized to be appropriated such sums as may be nec-  
15 essary to carry out this section.”.

16 **SEC. 208. DEMONSTRATION PROJECTS TO INCREASE AC-**  
17 **CESS TO PEDIATRIC DENTAL SERVICES IN**  
18 **UNDERSERVED AREAS.**

19          (a) AUTHORITY TO CONDUCT PROJECTS.—The Sec-  
20 retary of Health and Human Services, through the Admin-  
21 istrator of the Health Care Financing Administration, the  
22 Administrator of the Health Resources and Services Ad-  
23 ministration, the Director of the Indian Health Service,  
24 and the Director of the Centers for Disease Control and  
25 Prevention shall establish demonstration projects that are

1 designed to increase access to dental services for children  
 2 in underserved areas, as determined by the Secretary.

3 (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
 4 authorized to be appropriated such sums as may be nec-  
 5 essary to carry out this section.

## 6 **TITLE III—PEDIATRIC DENTAL** 7 **RESEARCH**

8 **SEC. 301. IDENTIFICATION OF INTERVENTIONS THAT RE-**  
 9 **DUCE THE BURDEN AND TRANSMISSION OF**  
 10 **ORAL, DENTAL, AND CRANIOFACIAL DIS-**  
 11 **EASES IN HIGH RISK POPULATIONS; DEVEL-**  
 12 **OPMENT OF APPROACHES FOR PEDIATRIC**  
 13 **ORAL AND CRANIOFACIAL ASSESSMENT.**

14 (a) IN GENERAL.—The Secretary of Health and  
 15 Human Services, through the Maternal and Child Health  
 16 Bureau, the Indian Health Service, and in consultation  
 17 with the Agency for Health Care Policy and Research and  
 18 the National Institutes of Health, shall—

19 (1) support community based research that is  
 20 designed to improve our understanding of the etiol-  
 21 ogy, pathogenesis, diagnosis, prevention, and treat-  
 22 ment of pediatric oral, dental, craniofacial diseases  
 23 and conditions and their sequelae in high risk popu-  
 24 lations; and



1           (2) develop clinical approaches for pediatric  
2       dental disease risk assessment.

3       (b) AUTHORIZATION OF APPROPRIATIONS.—There is  
4       authorized to be appropriated, such sums as may be nec-  
5       essary to carry out this section.

6       **SEC. 302. AGENCY FOR HEALTH CARE POLICY AND RE-**  
7                               **SEARCH.**

8       Section 902(a) of the Public Health Service Act (42  
9       U.S.C. 299a(a)) is amended—

10           (1) in paragraph (7), by striking “and” at the  
11       end;

12           (2) in paragraph (8), by striking the period and  
13       inserting “; and”; and

14           (3) by adding at the end the following:

15           “(9) the barriers that exist to dental care for  
16       children and the establishment of measures of oral  
17       health quality, including access to oral health care  
18       for children.”.

19       **SEC. 303. CONSENSUS DEVELOPMENT CONFERENCE.**

20       (a) IN GENERAL.—Not later than January 1, 2000,  
21       the Secretary of Health and Human Services, acting  
22       through the National Institute of Child Health and  
23       Human Development and the National Institute of Dental  
24       Research, shall convene a conference (to be known as the  
25       “Consensus Development Conference”) to examine the

1 management of early childhood caries and to support the  
 2 design and conduct of research on the biology and physio-  
 3 logic dynamics of infectious transmission of dental caries.  
 4 The Secretary shall ensure that representatives of inter-  
 5 ested consumers and other professional organizations par-  
 6 ticipate in the Consensus Development Conference.

7 (b) EXPERTS.—In administering the conference  
 8 under subsection (a), the Secretary of Health and Human  
 9 Services shall solicit the participation of experts in den-  
 10 tistry, including pediatric dentistry, public health, and  
 11 other appropriate medical and child health professionals.

12 (c) AUTHORIZATION OF APPROPRIATIONS.—There is  
 13 authorized to be appropriated such sums as may be nec-  
 14 essary to carry out this section.

## 15 **TITLE IV—SURVEILLANCE AND** 16 **ACCOUNTABILITY**

### 17 **SEC. 401. CDC REPORTS.**

18 (a) COLLECTION OF DATA.—The Director of the  
 19 Centers for Disease Control and Prevention in collabora-  
 20 tion with other organizations and agencies shall annually  
 21 collect data describing the dental, craniofacial, and oral  
 22 health of residents of at least 1 State from each region  
 23 of the Department of Health and Human Services.

24 (b) REPORTS.—The Director shall compile and ana-  
 25 lyze data collected under subsection (a) and annually pre-

1 pare and submit to the appropriate committees of Con-  
 2 gress a report concerning the oral health of certain States.

3 **SEC. 402. REPORTING REQUIREMENTS UNDER THE MEDIC-**  
 4 **AID PROGRAM.**

5 Section 1902(a)(43)(D) of the Social Security Act  
 6 (42 U.S.C. 1396a(43)(D)) is amended—

7 (1) in clause (iii), by striking “and” and insert-  
 8 ing “with the specific dental condition and treatment  
 9 provided identified,”;

10 (2) in clause (iv), by striking the semicolon and  
 11 inserting a comma; and

12 (3) by adding at the end the following:

13 “(v) the percentage of expenditures  
 14 for such services that were for dental serv-  
 15 ices, and

16 “(vi) the percentage of general and  
 17 pediatric dentists who are licensed in the  
 18 State and provide services commensurate  
 19 with eligibility under the State plan;”.

20 **SEC. 403. ADMINISTRATION ON CHILDREN, YOUTH, AND**  
 21 **FAMILIES.**

22 The Administrator of the Administration on Chil-  
 23 dren, Youth, and Families shall annually prepare and sub-  
 24 mit to the appropriate committees of Congress a report  
 25 concerning the percentage of children enrolled in a Head

1 Start or Early Start program who have access to and who  
2 obtain dental care, including children with special oral,  
3 dental, and craniofacial health needs.

## 4 **TITLE V—MISCELLANEOUS**

### 5 **SEC. 501. EFFECTIVE DATE.**

6 (a) IN GENERAL.—Except as otherwise provided in  
7 this Act, this Act and the amendments made by this Act  
8 take effect on the date of enactment of this Act.

9 (b) EXTENSION OF EFFECTIVE DATE FOR STATE LAW  
10 AMENDMENT.—In the case of a State plan under title XIX  
11 of the Social Security Act which the Secretary of Health  
12 and Human Services determines requires State legislation  
13 in order for the plan to meet the additional requirements  
14 imposed by the amendments made by this Act, the State  
15 plan shall not be regarded as failing to comply with the  
16 requirements of such amendments solely on the basis of  
17 its failure to meet the additional requirements before the  
18 first day of the first calendar quarter beginning after the  
19 close of the first regular session of the State legislature  
20 that begins after the date of the enactment of this Act.  
21 For purposes of the previous sentence, in the case of a  
22 State that has a 2-year legislative session, each year of  
23 the session is considered to be a separate regular session  
24 of the State legislature.

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